



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 6225

Bib Data Sheet

| | | | | |
|-----------------------------|--|--------------|------------------------|--------------------------------|
| SERIAL NUMBER 10/055,714 | FILING OR 371(c) DATE 01/22/2002 RULE | CLASS 606 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. 005-010 |
|-----------------------------|--|--------------|------------------------|--------------------------------|

APPLICANTS

Ivan Sepetka, Los Altos, CA;
Martin Dieck, Cupertino, CA;
Son Gia, San Jose, CA;
John Miller, Redwood City, CA;
Ryan Pierce, Mountain View, CA;
Maria Aboytes, Palo Alto, CA;
Tiffany Tran Ngo, San Jose, CA;
Dan Nguyen, San Jose, CA;
Emily Vu, San Jose, CA;

** CONTINUING DATA *****

This application is a CIP of 09/891,141 06/25/2001 PAT 6,824,545 which is a CON of 09/756,476 01/08/2001 PAT 6,663,650
which is a CIP of 09/605,143 06/29/2000 PAT 6,730,104

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
02/19/2002

| | | | | | |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | 50 | 32 | 8 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

HOEKENDIJK & LYNCH, LLP
P.O. Box 4787
Burlingame, CA94011-4878

TITLE

SYSTEMS, METHODS AND DEVICES FOR REMOVING OBSTRUCTIONS FROM A BLOOD VESSEL

| | | |
|-----------------------------|---|---|
| FILING FEE RECEIVED 1053 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------|---|---|